

1 1732373829

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 29, 1999

Application or Docket Number

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

|                                  |               |              |
|----------------------------------|---------------|--------------|
| FOR                              | NUMBER FILED  | NUMBER EXTRA |
| BASIC FEE                        |               |              |
| TOTAL CLAIMS                     | 39 minus 20 = | 19           |
| INDEPENDENT CLAIMS               | 6 minus 3 =   | 3            |
| MULTIPLE DEPENDENT CLAIM PRESENT |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐

**OTHER THAN SMALL ENTITY**

|        |        |    |        |        |
|--------|--------|----|--------|--------|
| RATE   | FEE    | OR | RATE   | FEE    |
|        | 345.00 | OR |        | 690.00 |
| X\$ 9= |        | OR | X\$18= | 342    |
| X39=   |        | OR | X78=   | 234    |
| +130=  |        | OR | +260=  |        |
| TOTAL  |        | OR | TOTAL  | 1266   |

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

**SMALL ENTITY**

**OTHER THAN SMALL ENTITY**

|             |  |                                  |       |                                    |               |
|-------------|--|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total  | *                                | Minus | **                                 | =             |
|             | Independent                                    | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                | OR | X\$18=           |                |
| X39=             |                | OR | X78=             |                |
| +130=            |                | OR | +260=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

(Column 1)

(Column 2)

(Column 3)

|             |  |                                  |       |                                    |               |
|-------------|--|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total  | *                                | Minus | **                                 | =             |
|             | Independent                                    | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                | OR | X\$18=           |                |
| X39=             |                | OR | X78=             |                |
| +130=            |                | OR | +260=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

(Column 1)

(Column 2)

(Column 3)

|             |  |                                  |       |                                    |               |
|-------------|--|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total  | *                                | Minus | **                                 | =             |
|             | Independent                                    | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                | OR | X\$18=           |                |
| X39=             |                | OR | X78=             |                |
| +130=            |                | OR | +260=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: \_\_\_\_\_

## Total Fee Calculation

| Fee Code                     | Total # Claims | Domestic Entries | X     | Fee         | Fee         | Total |
|------------------------------|----------------|------------------|-------|-------------|-------------|-------|
| Small                        |                |                  |       | Small Entry | Large Entry |       |
| Basic Filing Fee             | 291.101        | 39               | 19    | _____       | 690         | _____ |
| Total Claims > 20            | 291.101        | _____            | _____ | _____       | 382         | _____ |
| Independent Claims > 5       | 292.101        | 6                | 3     | _____       | 234         | _____ |
| Small Cap Claim Process      | 294.101        | _____            | _____ | _____       | _____       | _____ |
| Search Fee                   | 295.101        | _____            | _____ | _____       | 130         | _____ |
| English Translation          | 100            | _____            | _____ | _____       | _____       | _____ |
| <b>TOTAL FEE CALCULATION</b> |                |                  |       |             |             |       |

Fees due upon filing the application

Total Filing Fees Due = \$ 1396

Less Filing Fees Submitted = \$ \_\_\_\_\_

BALANCE DUE = \$ 1396

MP  
Office of Initial Patent Examination

Figure 7

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NOTICE OF FEE DUE

DATE: 07-12-02

TO: D Ae

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: \_\_\_\_\_

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

- ☐ Insufficient fee by check
- ☒ Insufficient funds in deposit account
- ☐ Declined credit card
- ☐ Non authorization for charge to deposit account
- ☐ No fee submitted per requirement

103-342  
102-234

The correct fee code: \_\_\_\_\_ amount \$ \_\_\_\_\_

The suspended fee code: 197 amount - \$ \_\_\_\_\_

Fee Due amount =\$ \_\_\_\_\_

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator Abelba